



## Department of Public Parks

*"Building Pride In Providence"*

### TREE WORK APPLICATION

**APPLICANT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PROPOSED TREE WORK LOCATION:** \_\_\_\_\_

**TYPE OF WORK:**

Plant  Prune  Tree Removal  Stump Removal

Other (please specify) \_\_\_\_\_

Number of Trees: \_\_\_\_\_ Tree Species \_\_\_\_\_

Reason for Work: \_\_\_\_\_

**OTHER INFORMATION:**

**Under Rhode Island state law, only a state licensed arborist shall perform public tree work. Provide the name and address of the arborist scheduled to perform the proposed tree work:**

Arborist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If an arborist has not yet been retained, you may request a list of certified arborists sent to you by the City Forester.

**Any arboricultural work shall be conducted following the latest standards prepared by the American National Standards Institute (ANSI A300). All work shall be subject to all safety standards for tree care operations established by ANSI Z133 and the Occupational Safety and Health Administration. All tree planting shall conform to specifications established by the Providence City Forester.**

**The Providence Tree Ordinance requires that removed trees shall be replaced with trees equal in total caliper to the removed trees, in accordance with specifications supplied by the Providence City Forester.**

I affirm the information provided is true and that upon approval, I will abide by any conditions imposed and waive the City of Providence from any and all claims and damages resulting from any injury to persons or damage to property. I also agree to abide by the Providence Tree Ordinance. I understand that if I disagree with the denial of this work or with any of the conditions imposed, I may appeal, in writing, within 14 days, to the Superintendent of Parks and that my appeal will be judged by the Board of Park Commissioners, which shall have the final decision.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Mail the signed and completed application to the Providence City Forester at the address below.